



City of Fort Lauderdale  
Alarm Registration Cancellation Form

Effective immediately, please cancel my alarm registration.

Alarm Account #: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Registered User: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alarm Address: \_\_\_\_\_  
(If different)

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Reason for Cancellation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Mail or fax this signed form to:

Fort Lauderdale Police Department - Alarm Unit  
1300 West Broward Boulevard  
Fort Lauderdale, FL 33312  
Fax: (954) 828-5953

(NOTE: E-mail and phone notifications are not acceptable because a signature is required.)